



A Tradition of Stewardship
A Commitment to Service

**NAPA COUNTY
HEALTH AND HUMAN SERVICES AGENCY
CHILD WELFARE SERVICES**

2751 NAPA VALLEY CORPORATE DRIVE
NAPA, CA 94558
www.countyofnapa.org

Main: (707) 253-4744
Fax: (707) 259-8310

**MARY BUTLER
INTERIM DIRECTOR**

June 29, 2018

California Department of Social Services
Health and Human Services Bureau
744 P Street
Sacramento, CA 95814
SCI@dss.ca.gov

RE: Updated Specialized Care Increment Plan

Please find attached Napa County's updated Specialized Care Increment plan (SCI Plan). The new SCI Plan will be implemented on a date to be determined once the additional guidelines for LOC Protocol Implementation are issued from CDSS.

Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Feiner".

Rebecca Feiner, Interim Director
Child Welfare Services

(707) 253-4723 or rebecca.feiner@countyofnapa.org



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County of Napa - Specialized Care Increment Plan

1. Populations

Currently, Napa County provides six caregivers with Specialized Care Increments (SCIs). SCIs are provided to support the placement of children with ongoing school problems, intensive supervision needs due to developmental delays and mental health needs, and intensive care due to medical issues. Napa County expects this population to expand as children step down from higher levels of care into family and home-based placements within Napa County. At this time, approximately 54% Napa County Dependents are placed out of county in foster family agencies or STRTPs. SCIs will be an option for local caregivers as family finding and resource family recruitment within the community increases local placement capability.

2. Payment Amounts

TIER 1	TIER 2	TIER 3
\$100 (One Tier 1 condition)	\$300 (One Tier 2 condition)	\$600 (At least one Tier 3 condition)
\$200 (Two Tier 1 conditions)	\$400 (Two Tier 2 conditions)	
	\$500 (Three Tier 2 Conditions)	

There is a range of rates within Tier 1 and Tier 2 that corresponds to the number of conditions/qualifying factors identified by the social worker (SW). The SW will assess the exceptional needs of the child using the SCI Rate Determination Tool. For Tier 1, there are two sub-tiers and in Tier 2, there are three sub-tiers. For example, if the child meets the criteria for one qualifying factor under Tier 1, then the SCI rate of \$100 will apply. If, for example, the child meets the criteria for two qualifying factors under Tier 1, then the SCI rate of \$200 will apply.

3. Criteria and Qualifying Factors

The SCI Rate is based on the SCI Rate Determination Tool, which includes qualifying factors and conditions, used to assess a child's exceptional needs and to determine the SCI rate. Napa County intends to use the CWDA SCI Matrix (renamed SCI Rate Determination Tool), including Tiers 1, 2 and 3 as a general guide and with the understanding that that not every condition or situation is included on the matrix.

4. SCI Assessment and Reassessment Process

When it is identified that a caregiver would benefit from enhanced support while caring for a child special care needs, the social worker will assess the child's needs and determine the appropriate SCI using the SCI Rate Determination Tool. The SCI assessment will occur after the Level of Care is established (following LOC implementation). The social worker will complete the SCI Rate Determination Tool then route the document to the social worker supervisor for approval/denial. For Tier 2 and 3 rates, a division manager's approval must be obtained. Upon approval, the SCI Rate Determination Tool will be routed to Self Sufficiency Services for processing the supplemental payment and issuing the Notice of Action to the caregiver.

Tier 1 and Tier 2 SCIs will be reviewed and renewed (if appropriate) annually. Tier 3 SCI's will be reviewed and renewed (if appropriate) every 6 months.

5. Implementation and Notification

We will implement the new SCI Plan concurrently with the LOC Protocol on a date to be determined once the additional guidelines for LOC Protocol Implementation are issued from CDSS. All families currently receiving SCI rates under the current structure will continue to receive their already established rate until their annual (or bi-annual renewal). At that time, a SCI assessment using the SCI Rate Determination Tool will be utilized to determine if a SCI continues to be applicable. If SCI is determined to be applicable, the new rate will be applied.

Families will receive a letter from the County of Napa informing them of the SCI rate structure change.

6. Notice of Action

The attached State Notice of Action (NOA 100) is used to notify the caregiver family of the approval, redetermination, or discontinuance of a SCI rate.

7. SCI Contact

For Questions regarding Napa's SCI Program, please contact:

Kristin James-Bowe

Supervising Staff Services Analyst - Child Welfare Services

Napa County Health and Human Services

2751 Napa Valley Corporate Drive Bldg. B.

Napa, CA 94558

P: (707)253-6176

Email: Kristin.James-Bowe@countyofnapa.org

Attachments

1. SCI Rate Determination Tool
2. Notice of Action

SCI Rate Determination Tool

Area	Tier 1 **if three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.	Tier 2 **if three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.	Tier 3
Medical conditions Drug exposed history or positive toxicology screen. Alcohol exposure (FAS, FASD or FAE) Respiratory Difficulties and Diseases Failure to Thrive Diabetes & Heart Disease Hemophilia Seizures Physical Disabilities/Impairments Brain Injury (abuse or accidental) Visually impaired (birth, abuse, or accidental) Hearing impaired (birth, abuse, or accidental) Immune Disorders Surgical intervention Orthopedic abnormalities (birth or abuse) (i.e. scoliosis) Severe burns	<input type="checkbox"/> 1-3 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Long-term prescription medications (medication needed on a daily basis for a period of 1 or more months). One-two medications not including prescription vitamins or short-term antibiotics. <input type="checkbox"/> Mild breathing difficulties requiring prescription medications with close supervision. <input type="checkbox"/> Sickle Cell SF (Sickle hemoglobin FS, HPFH, Asymptomatic) <input type="checkbox"/> Symptomatic respiratory difficulties requiring the use of nebulizer breathing treatments. <input type="checkbox"/> Diabetes with special diet – no insulin or medication needed. <input type="checkbox"/> Failure to thrive due to mild feeding difficulties <input type="checkbox"/> Seizure disorder (Abnormal EEG, medication required for seizure activity) <input type="checkbox"/> Heart disease requiring close monitoring no intervention special treatments or diet. <input type="checkbox"/> HIV positive clinically well <input type="checkbox"/> Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits, <input type="checkbox"/> Sickle Cell – SB + Thal, Mild Symptoms.	<input type="checkbox"/> 4-6 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Positive toxicology screen at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties) <input type="checkbox"/> Confirmed by maternal history, drug and/or alcohol exposure prenatal with symptoms. (level should be reduced at 6 month review if infant is not exhibiting any symptoms or difficulties) <input type="checkbox"/> Apnea or heart monitor required (when discontinued, rate to be reduced to appropriate level) <input type="checkbox"/> Moderate feeding difficulties requiring therapy or special feeding techniques. <input type="checkbox"/> Seizures requiring intermittent monitoring, medications and other interventions to control. <input type="checkbox"/> Severe respiratory difficulties requiring medications, breathing treatments (not including the use of inhalers) and/or CPT (Chest Physical Therapy) on a daily basis. <input type="checkbox"/> Intermittent oxygen. <input type="checkbox"/> Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program. <input type="checkbox"/> Medical diagnosis of Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD). Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE). <input type="checkbox"/> Shunt placement-functioning stable <input type="checkbox"/> Sickle Cell SB Thal Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc). <input type="checkbox"/> Cleft lip requiring surgical intervention and special feeding assistance. <input type="checkbox"/> Physical abnormalities requiring medical intervention.	<input type="checkbox"/> More than 6 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> FAS/FASD with moderate to severe complications (verifiable medical diagnosis) <input type="checkbox"/> Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions. <input type="checkbox"/> Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure <input type="checkbox"/> Continuous oxygen. <input type="checkbox"/> Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program. <input type="checkbox"/> Hemophilic requiring close monitoring to prevent injury. <input type="checkbox"/> Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc) <input type="checkbox"/> Sickle Cell SC, Severe Symptoms. <input type="checkbox"/> Child requires continuous care and supervision on a daily basis in accordance with a prescribed treatment plan that would otherwise require placement in an institutional facility. <input type="checkbox"/> Visual or hearing-impaired requiring constant care provider assistance with daily living

SCI Rate Determination Tool

Area	Tier 1 **If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.	Tier 2 **If three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.	Tier 3
	<input type="checkbox"/> Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. <input type="checkbox"/> Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention. <input type="checkbox"/> Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch). <input type="checkbox"/> Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. <input type="checkbox"/> Minimal bracing equipment is needed (i.e. AFO's) <input type="checkbox"/> Other:	<input type="checkbox"/> Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. <input type="checkbox"/> 2nd degree burns requiring regular, but not daily dressing changes. This generally applies to children 8 or over who can cooperate with the treatment plan. <input type="checkbox"/> Visually impaired requiring minimal assistance with daily living (i.e. Mobility, special education, etc.) 17. Hearing-impaired requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program). <input type="checkbox"/> Scoliosis requiring assisted daily exercise and/or bracing. <input type="checkbox"/> Other:	activities and/or adaptive home environment. <input type="checkbox"/> Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child. <input type="checkbox"/> Combined cleft lip/palate. <input type="checkbox"/> Other:
Developmental delays or disabilities Developmental Delay Developmental Disability (e.g., Intellectual Disability, Autism Spectrum etc.) Learning Delays or Disabilities Sensory Integration Disorder	<input type="checkbox"/> Moderate developmental delays or disabilities requiring weekly care provider assistance. <input type="checkbox"/> Other:	<input type="checkbox"/> Moderate to severe developmental delays or disabilities that require daily assistance from the care provider. Regional Center client documentation required from RC SW. <input type="checkbox"/> Intermittent assistance from a behaviorist or social/health services provider. <input type="checkbox"/> Regional Center client: 0-3 years of age to be included in Early Intervention Program (EIP) (i.e. Lori Ann Infant Stimulation, Exceptional Parents Unlimited (EPU). Documentation required from either EIP or RC social worker. <input type="checkbox"/> Other:	<input type="checkbox"/> Severe learning delays or disabilities requiring extensive daily assistance several times a day from the care provider. <input type="checkbox"/> Regular in-home assistance from a behaviorist or social/health services provider. <input type="checkbox"/> Multiple impairments, less than 18 months developmentally, non-ambulatory. Regional Center client documentation required from RC SW. <input type="checkbox"/> Other:

SCI Rate Determination Tool

Area	Tier 1 **If three (3) or more of the Tier 1 conditions listed exist, rate will be increased to the next higher level.	Tier 2 **If three (3) or more Tier 2 conditions exist, or two (2) Tier 2 conditions and three (3) Tier 1 conditions exist, or one (1) Tier 2 conditions and six (6) Tier 1 conditions exist, rate will be increased to the next higher level.	Tier 3
Behavioral Issues AWOL Aggressive and Assaultive Animal Cruelty CSEC Substance Use/Abuse Gang Activity Fire Setting Severe mental health issues- including suicidal ideation and/or Self Harm Psychiatric hospitalization(s) Adjudicated violent offenses, significant property damage, and/or sex offenders/perpetrators Habitual Truancy Three or more placements due to the child's behavior	Behavior modification required but no medication prescribed. <input type="checkbox"/> The child presents some risky behaviors sometimes placing self and/or others at risk. <input type="checkbox"/> Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption. <input type="checkbox"/> Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider. <input type="checkbox"/> Other:	<input type="checkbox"/> Behavior modification needed in conjunction with prescribed daily medication. <input type="checkbox"/> The child is at high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions. <input type="checkbox"/> Stabilization of disruptive behaviors requires special intervention and discipline strategies. <input type="checkbox"/> Care provider needs special training and participates in counseling with the minor to accomplish this. <input type="checkbox"/> 601 behaviors (truant, beyond control of caregiver) exhibited at this level. <input type="checkbox"/> Chronic resistance to behavior modification strategies. <input type="checkbox"/> Personal property of others in the home at high risk. <input type="checkbox"/> Excessive anti-social behaviors which strictly limits unsupervised social interaction. <input type="checkbox"/> Other:	<input type="checkbox"/> Child at extreme risk to self and/or others. In addition, therapeutic plan is required to address the minor's disruptive, dangerous, and high-risk behaviors. <input type="checkbox"/> Behaviors can be stabilized and reduced. Active participation in all areas of counseling and intervention is required by the care provider in order to facilitate therapy and treatment. <input type="checkbox"/> 601 and 602 frequently exhibited themselves at this level. <input type="checkbox"/> Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed. <input type="checkbox"/> Minors at this level are at risk of STRTP placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances. <input type="checkbox"/> Other:

County of Napa

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE OF ACTION

Worker Name: _____

Worker ID: _____

Worker Phone Number: _____

Notice Date: _____

Case Name: _____

Case Number: _____

Office Hours: _____

TDD - For Hearing Impaired: _____

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you
can ask for a hearing. The back of this page tells how.

As of _____ the County has _____
your _____

Budget Calculation:

Here's why:

Rules: These rules apply. You may review them at your welfare office.
(This section must be completed to validate this Notice of Action)



YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ CalFresh
☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (W&I Code Sections 10850 and 10950.)

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

- Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

- ☐ Cash Aid ☐ CalFresh ☐ Medi-Cal
☐ Other (list) _____

Here's Why: _____

- ☐ If you need more space, check here and add a page.
☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)
My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED	
BIRTH DATE	PHONE NUMBER
STREET ADDRESS	
CITY	STATE ZIP CODE
SIGNATURE	DATE
NAME OF PERSON COMPLETING THIS FORM	PHONE NUMBER
<input type="checkbox"/> I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)	
NAME	PHONE NUMBER
STREET ADDRESS	
CITY	STATE ZIP CODE

